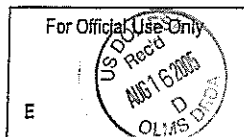


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18102	2. Fiscal Year Covered From: 11 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name DENNIS W CONKLIN P.O. Box, Bldg., Room No., if any Street 20907 5TH AVENUE SO City SEATTLE State WA ZIP Code + 4 98198	4. Name, file number, and address of labor organization. Name INLAND BOATMEN'S UNION Labor Organization File Number 010-915 P.O. Box, Building and Room Number, if any STE. D Street 1711 W NICKERSON ST City SEATTLE State WA ZIP Code + 4 98119
5. Position in labor organization. TRUSTEE, HEALTH AND PENSION	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). N/A Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Dennis Conklin</u>	On 8-9-05 Date	206 284 5040 EXT 17 Telephone Number

Name of Person Filing

DENNIS W. CONKLIN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Inland Boatmen's Union
National Health Benefit TrustTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 300Street 1220 SW MORRISON STCity PORTLANDState OR ZIP Code + 4 97205
2222

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Inland Boatmen's Union
National Health Benefit TrustTrade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

2004 International Foundation
Conference
(See: Addendum I - Health
Addendum II - Pension11.b. Approximate dollar value of such dealing. 4,307.2812.a. Nature of interest held or income received. N/A12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) N/AName Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.a. Nature of payment N/A13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Dennis W. Conklin
File Number (to be assigned by DOL)
Through Calendar Year Ending 31 December 2004
Addendum I(Health) is Page 1 of 2

The information (below) applies to LM-30 for Dennis W. Conklin, Page 2, Question No. 11.a. 'Nature of such dealing.' and Question 11.b. 'Approximate dollar value of such dealing'.

Meeting Expenses (Health Trust)

August 11 & 12th, 2004 Full Board Meeting:

Mileage	60.19
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TOTAL AMOUNT REIMBURSED*	\$4,307.28 (\$60.19 (Health Trust) PLUS \$4,247.09 (Pension Trust))
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*Combined Total of Pension And Health Reimbursement(s) as Trustee on LM-30 Report, Page 2, Question 11.b.

Addendum II (Pension) to LM-30 of Dennis W. Conklin

Dennis W. Conklin

File Number (to be assigned by DOL)

Through Calendar Year Ending 31 December 2004

Addendum II(Pension) is Page 2 of 2

The information (below) applies to LM-30 for Dennis W. Conklin, Page 2, Question No. 11.a. 'Nature of such dealing.' and Question 11.b. 'Approximate dollar value of such dealing'.

Meeting Expenses (Pension)

2004 International Foundation of Employee Benefit Plans Conference

November 29, 2004 through December 5, 2004

A. Expenses \$2,921.90

B. Pension Registration &
Hotel Deposit 1,265.00

C. Mileage 60.19

D. Subtotal **\$4,247.09**

TOTAL AMOUNT

REIMBURSED* \$4,307.28 (Combined Pension Trust Reimbursements (A.+B.+C. (or **\$4,247.09** ('D. Subtotal', above) PLUS Health Trust Reimbursement \$60.19 (see Addendum I)

*Combined Total of Pension And Health Reimbursement(s) on LM-30 Report, Page 2, Question 11.b.